

**Note: This is a sample
template, it is not
an OMB approved
form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

**Section 1
Carrier Identification Information**

Parent Company Name

CenturyTel, Inc.

Service Provider Name

Telephone USA of Wisconsin, LLC

Company Address, City, State, Zip

**P.O. Box 4065
Monroe, LA 71211-4065**

Service Provider Type

Wireless

Wireline

Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Deborah Sommers

Contact Tel #

318-340-5757

Fax #

318-388-9602

E-mail Address

Deborah.sommers@centurytel.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Bayfield County, Wisconsin

Forest County, Wisconsin

For each area listed above, identify the emergency response point to which 911 calls are now being routed.

**Bayfield County Communications Center
Forest County Sheriff Department**

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 19, 2002.

Signature **Submitted electronically by Deborah Sommers**

Printed name of authorized representative **Deborah Sommers**

Title **Analyst II, Government Relations Department**

Date **September 19, 2002**

This filing is: **X** original filing revised filing

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